

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90153 002 ***150.00

DOCUMENT # P01000044519

1. Entity Name
KELLEHER CONSTRUCTION & DEVELOPMENT GROUP INC.

Principal Place of Business
2525 PEPPERWOOD CIRCLE
NORTH PALM BEACH FL 33410

Mailing Address
2525 PEPPERWOOD CIRCLE
NORTH PALM BEACH FL 33410

2. Principal Place of Business
541 OVERLOOK DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
541 OVERLOOK DRIVE
 Suite, Apt. #, etc.

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
US

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
US

4. FEI Number
105-1099978

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
LAWRENCE J. KELLEHER
Street Address (P.O. Box Number is Not Acceptable)
541 OVERLOOK DR.
City **NORTH PALM BEACH** **FL** **Zip Code** **33408**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* **LAWRENCE J. KELLEHER**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **2/29/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|-----------------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KELLEHER, LARRY | |
| STREET ADDRESS | 2525 PEPPERWOOD CIRCLE | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33410 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAWRENCE J. KELLEHER | |
| STREET ADDRESS | 541 OVERLOOK DRIVE | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LAWRENCE J. KELLEHER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/29/02** **(561) 3085509**
 Daytime Phone #

CR2E034 (9/01)